APPENDIX

The material contained in the Appendix is for clarification purposes only.

The following forms (SB-8, SB 8-A, SB 8-B, SBD-6689, SBD-6690) are referred to in s. ILHR 3.03. Copies of these forms are available from the Division of Safety and Buildings, P.O. Box 7969, Madison, Wisconsin 53707.

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ILIIR 3

TITION FOR MODIFICATION FARULE IN THE SCONSIN ADMINISTRATIVE CODE	WISCONSIN DEPART USTRY, LABOR AND HUV DIVISION OF SAFETY & P.O. BOX 1969, MADISO	AN RELATIONS BUILDINGS	Ε=1	ICE USE ONLY ion No.
Name of Owner 12 12 12 12 12 12 12 12 12 12 12 12 12	Building Occupancy or Usa		Agent, Architectic	e Engineering Fizin
Company	Tenant Name, if any		Street & No.	· · · · · ·
Street & No	Building Location, Street 6	No.	City	Sura & Zip
Cty Suite & Zip	City	County	Proze	
Pian Number(s) >			**************************************	
1. Ru's Ind.	of the Wisconsin Adminstr	ative code cannot b	e entirely satisfied	l becausé:
	.			
In Leu of complying exactly with the degree of safety:	ends, the following alternat	ival is proposed as a	meand of providing	g an equivalent
				·
3. Supporting arguments are:				
an outpotting angle street				
VERIFICAT For Fee Inform	ION BY OWNER-FETIT(C nation See Ind. 69.15 or Co.	ON IS VALID ONLY stact The Departme	/ IF NOTARIZE(nt at (698) 766-1) B35
the foregoing position and that the same	is true, as he verify believes.	being duly swom	, tays he is petiti	onet herein, thus he has read
***	***************************************	OFFICE USE ON		
Signature of Owner Subscribed and swom to me this		Date Received	Amount Pa	id Receipt No.
	County, Wisconsin,		-	
	Sarry, request t	Department Action	on .	
Notary Public		Office of The Sec	retery	Date
Malcommission expires:				

POSITION STATEMENT: To be complied by Chief of Fire Department 99 8-A [2-77] WISCONSIN DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS DIVISION OF SAFETY & BUILDINGS P.O. BOX 7969 | MADISON WI 53707

Name of Owner	Building Occupancy or Use			Agent, Architector Engineering Firm		
х-трагу	Terant Name, if any Building Location, Street & No.			Street & No. Oty State & Z-p		
Street & No.						
Oty Suit & Zip	City		County	Phone		
1. There read the petition for modificati						
Trecommend (Check appropriate box)	Decési	Approval	Conditions	N Approval	No Comment	
 Explanation for Recommendation: 						
W. W. P. W. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co					•	
* If desired, Fire Departments may indic	ere " No Coost	erat" oa saa-fire s	statu incipe bush	r es es citary, popu		
berrier free environments, etc.	Bie tro Con	ant orner-ne-	TLEFA HOOST	1 do source proces	Ty construction, an actual and	
 D. Efind no conflict with local rules D. I find that the petition is in conflict. 			s			
Explanation						
Experience						
			_			
			-			
Signature of Fire-Chief						
				1	Date	
·		-			Date	
*					Date	

PLEASE COMPLETE AND SUBMIT PROMPTLY TO DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS AT THE ADDRESS SHOWN ABOVE.

10 WISCONSIN ADMINISTRATIVE CODE LLHR 3

CSTIGN STATEMENT for Ber Completed By Dept. of HSSS Dept. of Health ISBB JR 10784	Wisoz	DIVISIO	ON OF S	AFETY.	sbor and Human Ret & BUILDINGS n, Wi. 63707	ations		
Name of Owner of Building			-	Title				
Street				C-t _¥		State	Zφ	Fhore No.
8. Wag Identification				Street 8	LNo. (E1)g Location	1	City & Co.~	Ty
Architect or Engineer				Street & No.			City & State	
1, I have read the Petition for Modificat	onet	Rute, IND						
2. I recommend toheck appropriate box	7	Deval	Approv	of .	Conditional Approve	1	No Demons	
3. Our files on improvious and case that of	Vis tour	Wing is	fatoresis	t ve tyşe	1 or 2 (see (nd. 51,03()) cz (2).		
S. I find to addist with A \$ 53 I find to addist with A \$ 53 I find that the perion is in an expectation:	Rules o	rd Republica						
Signature and Trafe							Osta	
24.5268.0108								

Please complete and submit PROMPTLY to DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS at the address shown above.

fetition for Modulication of an Administrative Rule	WISCONSIN DE INDUSTRY, LABOR AN	WISCONSIN DEPARTMENT OF OFFICE USE ONLY INDUSTRY, LABOR AND HUMAN RELATIONS OFFICE USE ONLY FRIEDRING.			
RIVATE SEWAGE	DIVESION OF SAF	ETY & BUILDINGS ADISON, WI 53707	10-85.		
Name of Owner	Budding Occupancy of Cir Agent, Artilitation Engineering Fire. Martin France:			er Engineering Fires et	
Campiny	Teram Name, if any	Teram Name, of any			
Street & No.	Basiling Location, Street	Bastir p Location, Street & No. Street & No.			
Cies Stite & To	Cny	County City	City State & Zep		
Phone	Flan Numbers (U Kro.	Figs Numbers (U Red+h) Shone			
Type of Petition	Set Backs (Soit Absorption and Septic Systems)	Experimental Loading Rate		Site Evaluations	
LEGAL DESCRIPTION					
14, Section	,T	N, R E (or) W, Toans	hîp	
C. I. C. Maria					
Subdivision Name			County_		
Naccional Appropria	E RULE BEING PETITIONED				
MICO. ISIA NO III ISIA NA	E ROLL BEINGTETTHORED				
1. Rvie	of the Wisconsin Administrative co	os carnot de entireix sapin		ne for rowing reasons:	
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1	and the second second second second				
safety or health:	r with the rule, the following alterna	itica is proposed as a means	of second a	g an equitations degree of	
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		"Report on Soil Boring an	J Percolatio	io Teu")	
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### 12 WISCONSIN ADMINISTRATIVE CODE

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DETAILED FLAN OR DR	AWING			······································			
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COUNTY PERSONNEL A	UTHORIZATION		Rule	being po	titioned		
On-site inspection conducts	ed filate)						
I,	ge and belief.	, indicate :	he information recorder	f on this request form is	accounté and correct		
	VERIFICATION BY	OWNER-PETITI	ON IS VALIO ONLY II	NOTARIZED.			
	FOR INFORMATIO	N CONTACT TH	E DEPARTMENT AT (	(08) 266-3815			
<del> </del>	<del></del>		being duly sworn,	says he is petitioner her	ein, thus he has read		
the foregoing petition and t	that the same is true, as h	e verily believes.					
Subscribed and sworn to m	e thisday	of 19,			ļ		
	Coun	ly, Wisconsin.	Signature of owner,				
	Natury Public				i		
My commission expires:							
OFFICE USE ONLY DEPARTMENT ACTION							
	E EVALUATIONS		5ET-8/	CK OR EXPERIMENT			
Date Received Am	cunt2aid Rec	ript No.	Date Received	Amount Paid	Receipt No.		
	[			}	j <b>l</b>		
Department Action	<u>-</u>		Department Action	L	<u> </u>		
ADVINISTRATOR		Date	ADMINISTRATOR		Date		
					Date		

PELIFICATION MODIFICATION OF EN	MISCONSIN DEPARTMENT O INDUSTRY, LABOR AND HUMAN RE DIVISION OF SAFETY & BUILDI P.O. BOX 7969, MADISON, WI 53	ILATIONS Profession No. INGS E-No.	
Name of Oxave	2 a Ming Occupation on Use	Agent, Architect or Engineering Form of Marter Pf-ter	-
Company	Frant Name, if pur		
Street & No.	Budding Location, Street & No.	Suret & No.	
City Suit & Zip	Cur Countr	Car Suie & Zap	-
Forme	Sion Numbers (If Known)	Ethode	
	NU PARINA PERINANA		-
WISCONSIN ADMINISTRATIVE	RULE BEING PETITIONED		
1. Rufe of	the Wiscomein Administrative code connot be en	tirely satisfied due to the following reasons:	
	:		
3. Supporting arguments (If nece	ssery, use back side of form to provide a detailer	d Graving):	-
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		<u>,</u>	_
LNR 550-6693	(OVER)		

# 14 WISCONSIN ADMINISTRATIVE CODE LLHR 3

DETAILED PLAN OR DRAWING			
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VERIFICATION BY OWNER-PETITIC FOR INFORMATION CONTACT THE	ON IS VALID ONLY IF NO	TARJZED	
TOK INFORMACION CONTACT THE	APEN PRINCIPLE OF TANKS \$200.	~	
	teing duty sworn, says	he is petitioner herein	, thus he has read
the foregoing petition and that the same is true, as he verily believes.	Factor tier out		
Signature of Outsay	OFFICE USE ONLY Date Received	Amount Paid	Receipt No.
Sub-embed and swiam to me thisday of 19,			1
County, Wisconsia.		]	[ ]
	Department Action	-	
Notary P.Mer	Administrator		Date
My commission expires:	L		